arrangements have been made with local nursing associations for a supply of whatever nurses are required. But in 141 areas either whole-time or part-time appointments of nurses have been made.

*School Teachers.*—In all areas where the part which can be played by school teachers has been rightly understood, ample assistance has been forthcoming, but the Board deprecates placing upon the teachers any undue measure of the new work, particularly any part of it which borders on the responsibility of the school doctor.

*Scope of the Work.*—The aim in organization has been to meet two broad requirements: (1) That all children should at some time or times in their school life come under medical inspection, whether healthy or unhealthy; (2) that the inspection should, as a rule, be not the maximum of clinical examination possible, but the minimum necessary to detect such defects as would unfit the children to receive State education. The Act itself necessitated examination on entrance, whatever the age of the children, and the Board added at once an examination on leaving. Commonly the entrants are aged from 3 to 6 years, and the leavers 12 to 14. Between them the entrants and leavers approximate to two-ninths of the average attendance. In addition to these "entrants" and "leavers," who are estimated at 1,328,000 for each year, most authorities include among the children submitted to the school doctor all those who seem ailing or defective from one cause or another. These "special examinations" add a quarter of a million to the total. Hence the first Code year has seen arrangements made for the examination of not less than one and a half million children. Later on the number inspected will probably rise to one-third of the average attendance.

*Schedule of Inspection.*—The schedule of medical inspection issued by the Board has been adopted by most authorities, and, when properly used, few cases of physical weakness have escaped detection, while nothing of what might be thought inquisitorial has taken place. In some areas additional items have been added, among them being inquiries as to vaccination, but the Board has from the first advised that no such inquiry should be used as the basis of action under the Vaccination Acts. The schedule, it is pointed out, comprised three objects: to set out the methods to be followed and the particulars to be attended to; to guide the authority in adapting the means of education to the peculiarities of the child; and to prepare the way for the amelioration of defects and disabilities in the child or its environment. The collection of statistics is not one of the primary objects of the Board of Education, and though a schedule more elaborate clinically and anthropometrically could easily have been devised, it would have defeated its own end. On the other hand, a still simpler schedule would have failed to guide the authorities sufficiently as to the scope of the work contemplated, and would not have ensured an adequate degree of uniformity of action and method.

*Parents.*—It is not possible at present to say how far the intention of the Act to stimulate amongst parents a sense of duty as to matters affecting health in their own homes has been achieved. When the objects of inspection have been clearly explained it has usually been welcomed by parents, and there is evidence, too, that attention to the treatment of disease in school children has immensely increased; the same is true of attention on the part of parents to the cleanliness of their children.

*Cost.*—A precise estimate as to the total cost of medical inspection, as distinct from treatment, is at present impossible. Payment of a capitation fee for inspection of children offers, it is considered, many disadvantages. It is not common, and when adopted the rate ranges in different districts from 1s. to 2s. 6d. The best way to consider the cost of any particular scheme of medical inspection is to consider it in relation to the average school attendance and to the produce of a penny rate in the £. Thus considered, the cost of salaries, etc., has so far varied from 4.79 pence to 7.56 pence per child, and from 0.15 to 0.28 of a penny rate in the £. For obvious reasons it is natural that at first the rates should vary considerably, but later on it is anticipated they will reach a uniform level in areas of the same type and broadly similar conditions.

*(To be continued.)*

## MR. POMEROY ON VACCINATION.

IT may be remembered that the Hon. Ernest Pomeroy, who made an attack on Dr. Martha Adams, of which the judge said nothing more libellous could be imagined,[1] made a statement in a letter published in the JOURNAL of December 18th, 1909, p. 1783, as to a case which, in his opinion, illustrated "the difficulty of obtaining a death certificate as death due to vaccination." He wrote: "The last bad case of this happened at Bedminster. Rosina Sandhill was vaccinated by order of Messrs. Merdon and Sons on February 13th, 1909. By February 25th she was too ill to go to work, and she expired after fearful suffering on Sunday, November 14th. Dr. Bullen, who attended her pretty constantly throughout, said to her on one of his visits, 'You were a bright, bonny girl, Rosie, before you were vaccinated.' A *post-mortem* examination was held by Drs. Walker Hall and Bullen, at which Dr. Creighton and Dr. Hadwen attended. The two last were satisfied that the cause of death was a malignant disease—cancer—in the pelvis. The inquest was held on Wednesday, and the verdict, on the evidence of Dr. Hall Walker (*sic*), was 'Tubercle of many years' standing.' Why was not vaccination even mentioned? Truth? the mother's feelings? or future vaccination fees?" The part of his statement which refers to Dr. Bullen was categorically denied by that gentleman in the JOURNAL of January 8th, 1910, p. 118. With regard to Mr. Pomeroy's statement relating to the *post-mortem* examination, Professor Walker Hall has kindly informed us that the girl, whose age was 22, was vaccinated in February, and a few days later felt unwell. He proceeds:

> According to the mother, there was "proud flesh" on the arm and on the foot, with, I should gather, a little cutaneous infection superadded. She continued unwell, and ultimately took to her bed. Diagnosis in her condition was doubtful, although she was seen by several consultants, and attended by Dr. Bullen, representing the firm by which she was employed, and also by her own doctor. Apparently the family were in close contact with the antivaccinationists all the time, for Dr. Hadwen came over to see her, and he and the rest of the antivaccination people were kept posted up as to the progress of events. The family agreed (prompted, I suppose, by the antivaccinationists) that a *post-mortem* examination should be made, and I was asked to conduct it when death occurred. A few hours after death, however, the family made objections to a *post-mortem* examination, and Dr. Bullen and the medical attendant, feeling that they could not give a death certificate, reported the case to the coroner. I was asked again to make a *post-mortem* examination. At this examination the antivaccinationists were represented by Drs. Hadwen and Creighton. Immediately on opening the body I had no doubt as to the case being one of old tuberculosis, and further examination showed that this had commenced in the Fallopian tube, spread laterally in the pelvis, slowly causing the whole pelvic organs to be absolutely matted with fibrous tissue and caseous foci; spreading upwards via the glands, the tubercle had invaded practically all the retroperitoneal and abdominal glands, finally reaching the glands in the portal fissure, the liver, spleen, and ultimately the lungs.

In commenting on the facts Dr. Walker Hall says:

> Drs. Hadwen and Creighton made their own diagnosis. As they were older men I tried to save them making an error by numerous hints, and ultimately by telling them my complete diagnosis; but they rather pooh-poohed my views, and went off, taking tissues for microscopical examination, and telling me that I should find that it was cancer. As a matter of fact, microscopical examination showed that every tissue was permeated by tuberculous lesions, and I have demonstrated tubercle bacilli in most of the specimens. There was no cancer or suggestion of cancer in any of the tissues. Drs. Hadwen and Creighton did not attend the coroner's inquest, where the mother gave her evidence of the illness, and she naturally thought it was due to the vaccination; but the coroner and the jury were convinced that the tuberculosis was of many years' standing, and (from the evidence) that there was no tuberculosis at the seat of the vaccination inoculations, nor any signs of communication of the disease with the vaccination lesions. The signs usually met with in cases of small-pox or of those cases reported as due to vaccination were not present.

This is a perfectly definite and straightforward statement by a man whose authority as an expert in pathology is recognized by the whole profession. Against it we have the opinions of Dr. Hadwen and Dr. Creighton. Dr. Hadwen may be dismissed from the case; we intend no discourtesy to him when we say that his opinion on such a question as is here in debate would not be taken by pathologists against that of Professor Walker Hall. Dr. Creighton knows what cancer is; but, apart from the warp which his views

[1] BRITISH MEDICAL JOURNAL, December 11th, 1909, p. 1731.

on vaccination have given to his mind, there are one or two points which should be made clear. Has he made any report on the tissues which he took away for examination? If so, has the report been published, and where? Again, why did neither he nor Dr. Hadwen attend the inquest? Surely, if they had any evidence that would bear the light of a court, they would not have missed so good an opportunity of bringing it before the public! It may be pointed out that, even if they had been able to prove that the disease of which the poor girl died was cancer, it would still have remained for them to show that there was any connexion, beyond that of accidental sequence of time, between the cancer and the vaccination.

Mr. Pomeroy has sent us a letter the purport of which is that Dr. Bullen is a "fee hunter." On this we need only say that it would serve no useful purpose to argue with a man who in open court stated it as his belief that it was a great mistake to suppose there is any merit in being truthful always. In plain English, this means that one can lie as much as may seem needful in support of what he thinks a good cause. Like jesting Pilate, he asks: "What is truth?" but does not wait for an answer. Nevertheless, we have felt bound to give him an answer, though we are doubtful whether he will understand it.

Mr. Pomeroy describes doctors who vaccinate as "fee hunters." Are we to understand that Dr. Hadwen and Dr. Creighton gave their valuable services on this occasion without fee or reward? Does Mr. Pomeroy, in the spirit of *noblesse oblige*, of which he is so shining an example, accept no payment for the articles which he contributes to *Vanity Fair* and other organs for the enlightenment of the public? If he does, he is a "fee hunter." If he does not, he supplies a convincing illustration of John Wilson's famous saying that "an unpaid contributor is *ex vi termini* an ass." He should take to politics; his fine gifts are thrown away in the lowly sphere of antivaccination.

Since this was written we have received from the National Antivaccination League a long statement about Rosina Sandill, signed "H. G. Cottle," "J. W. Marshall," and "J. W. Derrick." We know nothing of these gentlemen, but they are mentioned by Mr. Pomeroy as having nothing to gain by what they say, and we presume they are some of the antivaccinationists referred to by Professor Walker Hall. A notion of the sort of nonsense which these infatuated people believe may be gathered from such statements as that when the girl was sick "the stuff thrown up presented the same appearance as the stuff with which she was vaccinated," and that later "something broke in her inside which caused a horrible discharge from her bowels, in appearance, according to Miss Sandill, like the stuff used to vaccinate and the vomit she saw in the early part of her illness"! There is nothing else in the document but what might be described as old women's gossip, except a statement that "Dr. Hadwen visited Miss Sandill on Wednesday (October 13th), and after very careful examination said that from the history and appearance it was probable that vaccination had something to do with it, if it had not actually caused it." Dr. Hadwen's caution might well be imitated by Mr. Pomeroy, who with the assurance of ignorance bluntly declares that vaccination killed the girl.

To sum up: The case of the unfortunate girl presented two distinct questions for solution: What did she die of? And had the disease which brought her to an early grave anything to do with vaccination? To the former Dr. Walker Hall has supplied an answer which will be accepted as final by all who can form an unbiassed judgement on the facts. As to the second, there is not a particle of evidence to show that the vaccination had any effect whatever in bringing on the fatal illness or shortening her life.

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A SEA TRIP to France, Spain, and Portugal is offered by the Pacific Line of Royal Mail steamers; it is to last eleven days, and the fare will be £10. Hitherto these attractive tours have not been available by such large ocean-going liners.

THE Labour Commission appointed by the French Government to examine the question of arrangements for working women to nurse their babies has decided that every industrial establishment employing more than fifty women shall provide a special room for the purpose. The period of suckling is fixed at ten months.

# Nova et Vetera.

## MEDIAEVAL CHARITY.

THERE is a tendency to-day to look upon organized charity as an essentially modern development. The present-day philanthropist, professional and amateur alike, bulks so large in the social horizon that he somewhat obscures those who preceded him in his work of mercy, and we are apt to consider him a new type, at once the product and the result of this humanitarian age. We forget or ignore the fact that charity is an ancient virtue, older than Christianity, and practised centuries before philanthropy became a recognized profession. Moreover, charity in mediaeval England did not, as is still perhaps commonly believed, consist merely in individual and desultory almsgiving, but was a properly organized system of relief, almost as extensive as that at present in existence. Our ancestors, faced with equally grave problems and lacking many of our means for overcoming them, gave, some their lives, others both time and money to the service of "Christ's poor," and, according to their lights, endeavoured as earnestly as we do in these days to grapple with want and disease, and lighten the burden of the sick and suffering poor. This view of mediaeval philanthropy is confirmed by Miss Rotha Mary Clay[1] in her most interesting and instructive book on *The Mediaeval Hospitals of England* (the latest of the series known as the Antiquary's Books), in which we are told that our manifold charities "are not the outcome of any modern philanthropic movement, but are rather England's inheritance for above a thousand years." Not the least important portion of this inheritance still exists, in the form of hospitals.

"Hospitals," says Miss Clay, "played an important part in the social life of the Middle Ages;" but it is well that one should understand exactly what the term "hospital" designates in this case. To the man in the street a hospital means one thing, and one thing only, and that is a place where the sick are taken in and cared for. But in the Middle Ages the same word might mean anything from the infirmary of a monastery to a leper house. Moreover, almshouses, hostels for pilgrims, refuges for infirm or superannuated priests and decayed gentlefolks, lunatic asylums and orphanages, were all called hospitals, and frequently many, or even all of these, were under one roof, and formed part of the same establishment. The hospital proper, in the modern sense of the word, was evolved gradually from these vast foundations. The first English hospitals were nothing more than wayside shelters, where pilgrims, sick people, and beggars were lodged and tended with indiscriminating charity. The earliest of these—St. Peter's Hospital at York, and St. Wulstan's near Worcester—date from Saxon times, the former being built by Athelstan somewhere between the years 925 and 940, and the latter a century later. At the time of the Conquest, the chief refuge of the sick was the monastery. Every religious house had its own public infirmary, at first within the monastery precincts, and later outside the walls, in the form of a separate building. The century which followed the Conquest witnessed the further divorce of the hospital from the monastery in the rise of independent charitable foundations, where "all sorts and conditions of men were lodged—wayfarers, invalids, and even lepers." During the next three hundred years, it became the fashion amongst men of all ranks to found houses for the relief of every variety of sickness and distress. In many cases pious founders were inspired with a very real and practical charity, but in others the hospitals owed their origin to the desire to expiate sin, or perpetuate the name of the benefactor and obtain the prayers of the grateful patients for all time. In these later foundations may be seen the germ of the modern general hospital.

The idea of separate establishments for the sick had begun to dawn upon the mediaeval mind; and in the thirteenth and fourteenth centuries existing houses of hospitality were kept up, but a growing tendency to discriminate amongst applicants may be noticed. In

[1] *The Mediaeval Hospitals of England.* By Rotha Mary Clay. With a preface by the Lord Bishop of Bristol. Published by Methuen and Co., 36, Essex Street, London, W.C., with 78 illustrations, pp. 357.